

12-0122

2017

FOR INDEPENDENT LIVING

Date 8/23

MAKE THE DISABILITY

Council File # 1 COUNT

Department on Disability

I wish to speak before the _____
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
Name: herman herman X () Against proposal
() General



Business or Organization Affiliation: _____
Address: _____ Street _____ State _____ Zip _____
Business phone: _____ Representing: WILLITS 2.4 Billion

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone #: _____
Client Address: _____ VACANT, Seventh District _____
Street City State Zip 90002 N.W.A

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

